FOOD OR BEVERAGE FACILITY PLANS AND SPECIFICATIONS
REQUIRED INVENTORY

Establishment Name: ______________________________________________________

___ FLOOR PLANS/BLUEPRINTS
   Equipment location

___ ROOM FINISH SCHEDULE
   Walls, floors, ceiling

___ EQUIPMENT LISTING
   Manufacturer and model numbers

___ INTENDED MENU

___ CITY/COUNTY ZONING APPROVAL

___ STATE OF MN CERTIFIED FOOD MANAGER

___ PLUMBING PLANS SUBMITTED TO MN DEPT OF LABOR & INDUSTRY, PLUMBING &
   ENGINEERING UNIT

___ PLAN REVIEW APPLICATION FORM

___ PLAN REVIEW FEE
   - New construction - $520.00
   - All other (remodeling, limited food service, mobile food unit) - $345.00

SUBMIT ALL THE ABOVE ITEMS TO:
    Horizon Environmental Health
    809 Elm Street, Suite 1200
    Alexandria, MN 56308
    320-763-4437

PLUMBING PLANS MUST ALSO BE SUBMITTED TO:
    Minnesota Department of Labor & Industry
    Plumbing and Engineering Unit
    443 Lafayette Road North
    St. Paul, MN 55155-4343
    651-284-5067

All plans and specifications must be submitted to this office AT LEAST 30 DAYS
PRIOR TO STARTING CONSTRUCTION.
Plan Review Application

Check One: □ New Construction   □ Addition/Remodel   □ Conversion

Type of Project (check all that apply):

□ Food Service/Restaurant   □ Alcohol/Beverage Service   □ Mobile Food Unit
□ Catering   □ Mobile Home Park   □ Seasonal Permanent Food Stand
□ Mobile Home Park – number of sites: ________
□ Mobile Home Park – number of sites: ________
□ Recreational Camping Area – number of sites: ________
□ Lodging/Hotel/Motel – number of units: ________
□ Recreational Camping Area – number of sites: ________
□ Lodging/Hotel/Motel – number of units: ________

Seating Capacity: (Food/Alcohol/Beverage Service Only) □ 50 or less   □ 50-175   □ More than 175

Check All That Apply: □ Private Water   □ Private Sewer   □ Municipal Water   □ Municipal Sewer
If private water/sewer, indicate contractor(s): __________________________________________

Establishment Information and Location

Establishment Name: ________________________________________________________________
Establishment Address (physical location): _____________________________________________
Establishment Phone Number: _______________________________________________________

County: ______________________

Proposed date for start of construction:___________ Proposed date for completion of project:___________

Owner Information

Owner Name: ________________________________________________________________
Owner Address (mailing address): _________________________________________________
Owner Phone Number: _______________________________________________________

Owner Signature: __________________________________________________________________
The above signature indicates that I understand failure to submit the required information and fees will delay or stop the plan review and licensure process. I understand that it is my responsibility to submit all required fees and necessary information before licensure can be obtained.

Submit complete set of plans to: Horizon Environmental Health, 809 Elm Street, Suite 1200, Alexandria, MN 56308. Plan review will not begin until this office receives all necessary information. Failure to submit plans and appropriate fees for new construction or remodeling will not prevent the fees from being collected. In addition, any construction not meeting code will have to be corrected prior to opening. To avoid delay of your project, please include the following items, at least 30 days before construction:

☐ Complete set of plans (site plans/blueprints)
☐ City/County Zoning Approval including septic plan approval from Land & Resource Management/Zoning, as well as a copy of the septic plans
☐ Completed Plan Review Application Form
☐ Plan Review Fee made payable to Horizon Public Health

Fees: New Construction - $520.00; All other (remodeling, mobile food unit, limited food service) - $345.00

☐ All plumbing plans must be submitted to the Minnesota Department of Health for approval (see next page)

FOOD/BEVERAGE/ALCOHOL SERVICE ONLY:
☐ State of Minnesota Certified Food Manager – include copy of certificate
☐ Proposed menu and functional floor plan indicating how food will be handled from the time it is received until served to the consumer; describe type of alcohol service if available
☐ A layout of the equipment and sinks and the floor, wall and ceiling finishes for kitchen, bar and storage areas;
☐ Type of shelving to be used in the kitchen, walk-in cooler and freezer, and storage room; and
☐ Location and construction of all toilet room facilities, janitor’s room, and refuse storage room

PLEASE TURN OVER AND REVIEW SIDE 2 OF PLAN REVIEW APPLICATION →
1. Plumbing must be installed according to the Minnesota Plumbing Code. A separate bulletin covering the details of submitting plumbing plans is available. Please contact the Minnesota Department of Labor and Industry at 651-284-5067 for more plumbing plan review information. Information is also available online at http://www.dli.mn.gov/CCLD/PlanPlumbing.asp. Submit all plumbing plans and fees to: Minnesota Department of Labor and Industry, Construction Codes and Licensing Division, Engineering and Plumbing Unit, 443 Lafayette Road North, St. Paul, MN 55155-4343. A satisfactory plumbing inspection is necessary prior to licensing.

2. Plans must be submitted for any individual sewage treatment system (private sewer system) to the local units of government responsible for septic system inspections; in Douglas County, contact Land & Resource Management at 320-762-3863 (located at the Douglas County Courthouse) and in Pope County contact Land & Resource Management at 320-634-5715 (located in the Pope County Courthouse). An individual sewage treatment system must be designed by a licensed sewer designer and installed by a licensed sewer installer. If the establishment is on municipal sewer services, please indicate this fact. A certificate of compliance or a copy of an approved septic system permit from the local authority is required.

3. The water supply for the establishment must comply with the rules governing public water supplies and water wells. Please indicate if the establishment obtains water from a municipal supply. Provide the unique well number for private wells and the location of the well on the property.

4. You must submit a plan review application with the required fees and all the requested plans and information 30 days prior to beginning construction. After your plans have been reviewed, you will receive a letter indicating any changes that need to be made and any concerns that have been noted. Construction may start only after you receive an approval letter.

5. You must complete an application for licensure and submit along with the appropriate license fee (separate from the plan review fee) before you can open.

6. Finally, you must contact the sanitarian for an on-site inspection at least 10 business days prior to opening the establishment (Minnesota Rules, part 4626.1750). If the inspection is satisfactory, and you have submitted a license application and all required fees, you will be permitted to open.

All plans and specifications must be submitted to this office AT LEAST 30 DAYS PRIOR TO STARTING CONSTRUCTION.

Note: An establishment is not allowed to open before an application for licensure is submitted and all required fees are paid (Minnesota Statutes, section 157.16).

Notice: The issuance of a dishonored check to this department will require a service charge as per Minnesota Statutes, section 604.113, subd. 2(a). Additional civil penalties may be imposed for nonpayment.
### Equipment Schedule Form

Note: Please submit specification sheets for all equipment proposed, as this will help expedite the reviewal/approval of plans.

ALL EQUIPMENT MUST BE NSF (NATIONAL SANITATION FOUNDATION) APPROVED

USED EQUIPMENT MUST BE PRE-APPROVED BY THE SANITARIAN

<table>
<thead>
<tr>
<th>Item # (from plan)</th>
<th>Quantity</th>
<th>Indicate New, Used, or Existing</th>
<th>Equipment</th>
<th>Manufacturer</th>
<th>Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>1</td>
<td>New</td>
<td>Range</td>
<td>Cleveland</td>
<td>CM48</td>
</tr>
</tbody>
</table>

...continued with blank rows...

4
### Room Finish Schedule

<table>
<thead>
<tr>
<th>Room No.</th>
<th>Room Name</th>
<th>Floor Material</th>
<th>Base Coving Material</th>
<th>Walls Top Material</th>
<th>Walls Bottom Material</th>
<th>Ceiling Material</th>
<th>Ceiling Finish</th>
<th>Ceiling Height</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example “101”</td>
<td>Kitchen</td>
<td>Quarry Tile</td>
<td>Stainless Steel</td>
<td>FRP</td>
<td>FRP</td>
<td>VA Panel</td>
<td>9’</td>
<td>VA=Vinyl Coated Acoustic</td>
<td></td>
</tr>
</tbody>
</table>